	NAT	IONAL S	SCIENCE F	FOUNDATION			
	POLAR PHYSIC	AL E	XAMIN	ATION - ANTAR	CTICA		
NAN	ИЕ:	DOB:					
BLC	OOD TYPE:						
	COMPLETE ALL SECTI	ONS L	JSING C	ODES WHERE APF	PROPRIATE		
VITAL SIGNS		VISION					
				UT CORRECTION		ORRECTION	
HEIG BP:	GHT: WEIGHT: PULSE:		DIST	NEAR	DIST R ———	NEAR	
	PIRATIONS: TEMPERATURE:				L		
COI	DES: O – Within Limits						
	I – Significantly AbnormalX – Not Examined		Code	Remarks (discuss abno	ormal findings in detail)	
1.	General Appearance						
2.	Head and neck						
3.	Eyes						
4.	Ears						
5.	Nose						
6.	Mouth						
7.	Thyroid						
8.	Lymph nodes						
9.	Chest, Lungs, Breasts						
10.	Heart						
11.	Abdomen						
12.	Inguinal, include hernia						
13.	Genitalia						
14.	Anal and Rectum						
15.	Spine						
	Forward Bend, Fingers Miss Floor Inc	hes					
16.	Upper Extremities						
17.	Lower Extremities						
	Varicosities						
18.	Skin, Lymphadenopathy						
	Identify Body Marks, Scars, Tatoos						
19.	Peripheral Vascular						
20.	Neurologic Status (include Reflexes)						
21.	Emotional Status						
22.	Pelvic Exam						

Men > Age 40: Prostate Exam.....

23.

cal Examination	NA	ME	DOB	
Guiac Test Required annually for age 50 and up)		Tetanus Immunization Date (Update every 10 years)	TB Skin Test (Required Annually)	
Results	Date	Date	Results	Date
Examiner's	s Diagnoses and Co	omments:		
(Please ask the	candidate if there is any other r	medical information not already obtained	which should be known prior	r to deployment)
(1 icase ask the	candidate if there is any other i	medical information flot already obtained	which should be known phor	to deployment.)
I have thoroughly	examined this candidate for tra	avel to the Polar regions. I have reviewe	d the participant's history witl	h him/her, including
I have thoroughly ALL positive resp	examined this candidate for tra conses, and commented approp	avel to the Polar regions. I have reviewe riately. I have performed all diagnostic t	d the participant's history witl ests as requested.	h him/her, including
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Return the completed examination form and results of the requested tests to (return envelope enclosed):

Raytheon Polar Services Company Attention: **MEDICAL** 7400 S. Tuscon Way Centennial, CO 80112-3839

1-800-688-8606 ext 32287 Fax: 303-649-9275